

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3734</u> <u>N/A</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>FRANK J. RICO JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>217 CENTRAL AVENUE</u> City <u>TILTONSVILLE</u> State <u>OHIO</u> ZIP Code + 4 <u>43963</u>	4. Name, file number, and address of labor organization. Name <u>UNITED STEELWORKERS OF AMERICA</u> <u>LOCAL 1223</u> Labor Organization File Number <u>014502</u> P.O. Box, Building and Room Number, if any _____ Street <u>310 PUBLIC ROAD</u> City <u>YORKVILLE</u> State <u>Ohio</u> ZIP Code + 4 <u>43971</u>
5. Position in labor organization. <u>PRESIDENT UNITED STEELWORKERS OF AMERICA LOCAL 1223</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>SPORTS ENTERTAINMENT</u> <u>(GOLF OUTING)</u> 7.b. Amount. <u>\$201.23</u>

Signature

Frank J. Rico Jr.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frank J. Rico Jr.

On

7/13/05  
Date

740-859-4807  
Telephone Number

Name of Person Filing

File Number U-

3734

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Part B

Name of Reporting Employer: <b>Goldberg, Persky &amp; White, P.C.</b>	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input checked="" type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <b>President</b>
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<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <b>Rico</b></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <b>Avenue</b></p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <b>USWA Local</b></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <b>217 Center Avenue</b></p> <p>City <b>Tiltoons</b></p> <p>State <b>OH</b> ZIP Code + 4 <b>43963</b></p>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <b></b>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<b>08/07/2004</b>	<b>\$201.21</b>	<b>Sports Entertainment (Golf Outing)</b>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.